CAMI	PAIGN FINANCE REPORT FATE OF WISCONSIN		
Is This Report an Amendment: Yes	⊠ No		2
Instructions for completing schedules are on th	e back of each schedule.		O Maria
COMMITTEE IDENTIFICATION			C.
Name of Committee Woods for Wiscons Street Address	in		Moorage 12
217 Randall Place City, State and Zip Code Elkhorn, WI 5312		01	FICE USE ONLY
		GAB ID N	umber: 103 91 a
Please check if address is different than previously reporte	ed, and complete the Campaign Registration	Statement in	he back of this form.
REPORT PERIOD			
July Continuing Pre-Primar Pre-Primar	Spring Fall	☐ Special	☐ Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A		
DISBURSEMENTS	This Period	<u> </u>	Column B Calendar
1. RECEIPTS			Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 100-	\$ <i>1</i>	00-
1B. Contributions from Committees (Transfers-In)	\$	\$	
IC. Other Income and Commercial Loans	\$	s -	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	s / 00 -	\$ 100-	
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 6.98	\$ 60	98
2B. Contributions to Committees (Transfers-Out)	\$	\$ —	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 6.98	\$ 6.	98
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 108.95		
Total Receipts	\$ 100		
Subtotal	\$ 208.95		
Total Disbursements	\$ 6.98		
CASH BALANCE END OF REPORT	\$ 201.97		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$		
LOANS (Balance at the Close of This Period-3B)	\$		
I certify that I have examined this report and to the best	of my knowledge and belief it is true, cor	rect and com	olete.
Type or Print Name of Candidate or Treasurer Signature	gnature of Candidate or Treasurer	Date:	7/10/2
SwHA. Woods	drott S. Noor	Daytime Phor	117 3012

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to p ss.11.60, 11.61, Wis. Stats. GAB-2S (Rev. 12/09)

Form prescribed by the Government Accountability I 608-266-8005.



SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page 2 of 3

Complete Cor	nmittee Name			
Woo	ods for Wisconsin			
Date	for completing schedules are on the back of each sche Full Name, Mailing Address and Zip Code	edule.		and the second
	Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
	Scott Woods 744 Tyrrell Ave. Delavan, WI53115			
5/16/12	744 Tyrrell Ave.			
11/1/2	Delayor WT 53/15		100,00	100.00
2012	Check if: In-Kind Loan Conduit Conduit GABID#			
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	Charles Eller Charles			
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	Check if: In-Kind Loan Conduit Conduit GABID#			
		S		
			-707	
	Check if: In-Kind Loan Conduit Conduit GABID#			
		ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 100 -	100 -
TOTAL ITEMIZED CONTRIBUTIONS		\$ 100 -	100-	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS				700
			\$ <u> </u>	
	TOTAL CONTRIB	UTIONS RECEIVED FROM INDIVIDUALS	\$ 100 -	100-

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

2	2
Page o	ر f

Complete Comm	nittee Name		
Woo			
Date	completing schedules are on the back of each schedule		
	of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Community Banh O12 920 E. Geneva St. Delavan, WI 53115 Check if: 1 In-Kind Offset	bank change mactive acct	3.49
3/31/2012	Community Bank ELO E. Generast. Delaran wt 53/15 Check it: In-Kind Offset	bank charge inactive acct	3.49
	Check if: In-Kind Offset		
	Check if: In-Kind Offset		
	Check if: In-Kind Offset		_
	Check if: In-Kind Offset		
	Check if:		-
c	Check if: In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			, 6.98 , 6.98
TOTAL ITEMIZED EXPENDITURES			\$ 6.98
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			3
TOTAL EXPENDITURES			6.98